

ABATEMENT OF LEAD HAZARDS NOTIFICATION

Work is being conducted to abate lead-based paint or lead hazards in or on this structure. For more information, please contact the individuals and/or agencies listed below.

Section 1—Structure Where Abatement of Lead-Based Paint or Lead Hazards is Scheduled

Address (number; street; apartment number, if applicable)	City	County	ZIP code
---	------	--------	----------

Type of structure (check one box only)

☐ Single family dwelling ☐ Multi-family building ☐ Child-occupied facility ☐ Other (specify) _____

Section 2—Summary of Specific Work Areas Where Lead-Based Paint or Lead Hazards Will Be Abated**Section 3**

Projected starting date	Projected ending date
-------------------------	-----------------------

Section 4—Restrictions on Entering Work Area

List specific times and/or dates residents are not allowed to enter work areas, if applicable

If you would like more information, please contact the following:

Section 5—Owner

Name		Telephone number ()	
Address (number, street)	City	State	ZIP code

Section 6—Individual Conducting Abatement

Name		Telephone number ()		DHS certification number	
Address (number, street)	City	State	ZIP code		

Section 7—Local Agency

Health Department Lead Program telephone number ()

Notification letter to be posted at all entrances to structure and mailed to the Department at:

Department of Health Services
Childhood Lead Poisoning Prevention Branch
Reports
1515 Clay Street, No. 1801
Oakland, CA 94612
FAX (510) 622-5002